



Linda S. Adams
Secretary for
Environmental
Protection

State Water Resources Control Board

Office of Operator Certification

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Arnold Schwarzenegger
Governor

CHANGE OF CONTACT INFORMATION

Mail or fax the completed form to the Office of Operator Certification. Don't forget to sign the form!

Please use the same name that is on your certificate. If you require a name change or correction on your certificate, please check the box below and attach appropriate legal documentation.

All information from the Office of Operator Certification, including renewal notices and official correspondence, will be mailed to the new address of record below.

☐ Name Change/Correction (attach documentation)

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO. XXX – XX –	
HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()		CERTIFICATE GRADE & NO.	
<u>NEW</u> ADDRESS OF RECORD		CITY	STATE	ZIP
<u>OLD</u> ADDRESS OF RECORD		CITY	STATE	ZIP
ADDITIONAL INFORMATION				

SIGNATURE	DATE
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Change of Contact Information (Rev. 7/07)

